

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Upton for All of Us

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 17 | / | 2012 |

Mailing Address **UPTON FOR ALL OF US**
PO Box 490City **St Joseph** State **MI** Zip Code **49085**Purpose of Disbursement
Rep. Fred Upton [R-MI-6]

Candidate Name

Rep. Fred UptonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼State: **MI** District: **06****Transaction ID : BF6CED675EA6845AA88D**

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. Schwartz for Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2012 |

Mailing Address **Allyson Schwartz for Congress**
P.O. Box 2232City **Jenkintown** State **PA** Zip Code **19149**Purpose of Disbursement
Rep. Allyson Schwartz [D-PA-13]

Candidate Name

Rep. Allyson Y. SchwartzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼State: **PA** District: **13****Transaction ID : BD7C3E1245E0A4B1FADA**

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Congressman Earl Blumenauer

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2012 |

Mailing Address **BLUMENAUER FOR CONGRESS**
830 NE Holliday, Suite 105City **Portland** State **OR** Zip Code **97232**Purpose of Disbursement
Rep. Earl Blumenauer [D-OR-3]

Candidate Name

Rep. Earl BlumenauerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼State: **OR** District: **03****Transaction ID : B25632D93BF9B4BB4A50**

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 8000.00 |
|---------|

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